


CA INVOICE			
 <p style="font-size: small; margin-top: 5px;">South Carolina Department of Health and Environmental Control</p>		SOUTH CAROLINA Department of Health and Environmental Control (DHEC) Underground Storage Tank Management Program CORRECTIVE ACTION (CA) INVOICE	
PERMIT ID# _____		COUNTY _____	
FACILITY NAME _____			
Street Address _____			
City _____		State _____	
Zipcode _____			
INVOICE # _____		COST AGREEMENT # _____	
For work performed during (specify time period) _____ to _____			
Contract Award Price for CA \$ _____		(MM/DD/YYYY)	
Based on a Report Submitted _____ Example date format: 10/15/2004			
(MM/DD/YYYY)			
Request Payment for the following Pay for Performance Item(s) as checked:			
Corrective Action Method or Technology Implemented and/or Operational			
(40 % of Contract Award Price or \$ _____)			
Reduction in Chemicals of Concern (COC)			
25% Reduction in COC or Removal of Free Product			
(10 % of Contract Award Price or \$ _____)			
50% Reduction in COC			
(10 % of Contract Award Price or \$ _____)			
75% Reduction in COC			
(15 % of Contract Award Price or \$ _____)			
100% Reduction in COC (meets Standard) AND CA System Removed			
(25 % of Contract Award Price or \$ _____)			
<small>I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and any attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree, in accordance with any DHEC demand letter, to promptly repay the appropriate account for any overpayment received.</small>			
COMPENSATION INFORMATION			
Please check appropriate Funding Option: Owner/Operator Lead State Lead			
Payment is to be made to (check one) : Contractor UST Owner/Operator			
Contractor:			
Company Name _____		Address _____	
City _____		State _____	
Zipcode _____		Telephone Number _____	
Name of Contractor (Type or Print) _____		Federal Tax ID or Social Security Number _____	
Signature (please use non-black ink) _____		Title _____	
Date Signed (MM/DD/YYYY) _____			
Do not complete this UST Owner or Operator section if State Lead Option was chosen.			
UST Owner or Operator:			
Signature (please use non-black ink) _____		Title _____	
Date Signed (MM/DD/YYYY) _____			
Name of Owner or Operator (Type or Print) _____		Address of Owner or Operator _____	
City _____		State _____	
Zipcode _____		Telephone Number _____	
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